

Personal PHA Pre-Appointment Check List

Health & Readiness Clinic Building 3, 5th Floor
Phone: 953-1938/ 5098 Appointment: 1-866-645-4584

Name:	Rank:
Workplace:	Duty Phone:

Check Off	PHA Required Procedure	Appointment Date	Date Completed	Department Signature
<input type="checkbox"/>	Dental Annual Exam 2 nd Floor Bldg. 2 Complete during your birthday month. Phone: 953-2711		Class_____	
<input type="checkbox"/> <input type="checkbox"/>	PCM Family Practice 2 nd Floor Bldg. 3 Annual PAP Mammogram (over 40 annually) Tricare– 1-866-645-4584			
<input type="checkbox"/> <input type="checkbox"/>	Do Reassessment PDHA (Deployed since 2001 print and bring it with you. If password needed, call Health & Readiness Clinic for password at: 953-1938 or 5098) HRA (Take to your PHA) Link: https://164.167.141.46/pls/newhra/hra Call PHA to obtain password (953-1938) Choose Option 2			
<input type="checkbox"/>	If you wear contacts or glasses Bring glasses for visual acuity Remove contacts 48 hours prior to PHA– wear glasses			
<input type="checkbox"/> <input type="checkbox"/>	POMI (The following is REQUIRED and must be brought to POMI) 2 pairs of glasses and gas mask inserts (Inserts will be kept in POMI) Allergy tags, Geneva Convention Card, and all other deployment requirements must be verified by POMI			

Updated: August 28, 2006